



Administrative Office of the Courts
Juvenile Justice Services Division
Contract Years 2019-2024
Comprehensive Mental Health Assessment Service Specifications
Service Codes 123, 180

COMPREHENSIVE MENTAL HEALTH ASSESSMENT, Service Codes 123 & 180	
Category	Evaluation, Polygraph and Laboratory Services (Form F-2)
Setting	<ul style="list-style-type: none"> Professional office environment or private practice appropriate for the provision of the service.
Targeted Population	<ul style="list-style-type: none"> Low, Moderate- or High-risk juvenile, as indicated on Service Authorization Form (SAF) and determined by probation department using the Arizona Youth Assessment System (AZYAS) or other Arizona standardized assessment for transferred juveniles
Facility License	<ul style="list-style-type: none"> No facility license required <i>unless</i> required per Arizona Department of Health Services (ADHS)
Service Description	<ul style="list-style-type: none"> <i>Comprehensive Mental Health Assessment</i> provides a thorough assessment of a juvenile's current level of functioning, including any history of trauma related to the juvenile and their family. The evaluation and the subsequent recommendations for the least restrictive level of care The assessment shall include a written statement of conclusions reached through interview, observation, testing, and review of records and provide recommendations The assessment must include recommendations for the least restrictive level of care
Service Tasks	<p>Contract requirements set forth in the AOC <u>Standard Terms & Conditions</u> are applicable. Additionally,</p> <ol style="list-style-type: none"> Complete an assessment and provide a written report to the referring juvenile court within thirty (30) business days from receipt of the referral. Record the dissemination of the assessment in the juvenile's file. In addition to content required in Paragraph 46 (FP), or Paragraph 41 (IP) the assessment must include: <ol style="list-style-type: none"> Prior psychological evaluations completed within the last year School records Other agency involvement and any other collateral information relevant to assessment The juvenile's presenting problems, their duration, pervasiveness and related behaviors. The juvenile's current and historical degree of substance use. The juvenile's mental status. The juvenile's intellectual and emotional functioning. The juvenile's academic/employment history. The current services the juvenile and family are receiving, is applicable.



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	<ul style="list-style-type: none">j. The juvenile's behavioral health or co-occurring issues, if applicable.k. The social and functional history of the juvenile and the juvenile's family.l. The legal status of the juvenile, present and past.m. The juvenile's pertinent medical history and present medication usage.n. The juvenile's current and historical leisure and recreational activities.o. History of trauma and victimization experienced by the juvenile. <p>2. Develop diagnostic conclusions describing both strengths and barriers of the juvenile and family and the family's willingness to participate in treatment.</p> <p>3. Make treatment recommendations and/or types of treatment interventions which link to and correspond with the findings without recommending a specific treatment provider or location.</p> <ul style="list-style-type: none">a. Treatment recommendations should be based on the juvenile's risk, identified needs, and responsivity factors, including interventions to address any history of prior victimization and overall child well-being. Treatment recommendations shall not be limited to addressing the mental health behaviors but shall also address other identified issues and responsivity needs of the juvenile. The recommendations to the court shall not include any referrals to the provider's own services;b. Describe the type(s) of care or services needed (i.e. mental health, substance use, trauma treatment, psychiatric services, specific educational support or interventions, interventions specific to criminogenic needs);c. Designate the least restrictive level of care (community-based or out-of-home)d. If recommending placement into out-of-home care, the Assessment Report must justify why the examiner does not feel that the juvenile can be adequately treated in an outpatient or intensive outpatient setting.e. The recommended treatment should involve family and/or other caregivers, unless contra-indicated;f. Identify any need for other diagnostic tests.g. The recommendations to the Court shall not include any referrals to the provider's own service.
Professional Consultation	<ul style="list-style-type: none">• Provide consultation service to the probation department and/or the court which has been authorized through a Service Authorization Form (SAF); billed in fifteen (15) minute increments under the appropriate service code; and may only be billed in conjunction with a contracted service. Consultation services may include court testimony or specific activities requested by the referring probation department. Professional consultation is not case management.



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	<ul style="list-style-type: none"> The juvenile file shall include a copy of a court's order or written directive for testimony or the probation department's written request for specific consultation. Professional consultation shall be documented in the appropriate juvenile file and shall include a summary of consultation provided; location at which consultation occurred; persons participating in the consultation; date of consultation; duration of consultation; and name, dated signature, degree and title of person providing consultation. Consultation shall not be provided in lieu of a contracted or non-contracted service.
Service Frequency	<ul style="list-style-type: none"> As approved in the Service Authorization Form (SAF), or as court ordered.
Service Duration	<ul style="list-style-type: none"> One unit equals one assessment
Staffing	<ul style="list-style-type: none"> At a minimum, service will be provided by a person who holds a master's degree in a Human Service related field and is licensed to practice independently by the Arizona Board of Behavioral Health Examiners or is exempt from licensure pursuant to A.R.S. Title 32, Chapter 33. Licensure is not required for those persons with a master's degree in a Human Service related field who are employed by a licensed behavioral health agency, although supervision must be provided by a person meeting the qualifications set forth in Paragraph 36 of the AOC <u>Standard Terms & Conditions</u> for Full Procurement.
Staff to Client Ratio	<ul style="list-style-type: none"> One to one
Hours of Operation	<ul style="list-style-type: none"> Day, evening hours and may include weekends Ideally, the hours of service should not conflict with the juvenile's academic day
Desired Service Outcomes	<ul style="list-style-type: none"> To provide a thorough assessment of the juvenile's mental health in relation to the juvenile's personal, social, cultural, and educational environment based on conclusions reached through interview, observation, and review of records To provide a written report summarizing the assessment findings, and make recommendations for treatment at the least restrictive level of care
Unit of Service	<ul style="list-style-type: none"> One unit equals one assessment Professional Consultation = Per 15-minute increment and only as authorized on SAF



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Proposed Services & Rates:

Comprehensive Mental Health Assessment:	<u>Rate:</u>
AOC does not wish to pay more than the stated rate(s) below:	
Comprehensive Mental Health Assessment (sc 123)	\$ <u>320.00</u> / assessment
Other Proposed Service Rate: Comprehensive Mental Health Assessment (sc 123)	\$ ____ / assessment
Professional Consultation (sc 180)	\$ <u>25.00</u> / 15 minutes/ Master's
Other Proposed Service Rate: Professional Consultation (sc 180)	\$ ____ / 15 minutes / Master's
Professional Consultation (sc 180)	\$ <u>35.00</u> / 15 minutes / PhD
Other Proposed Service Rate: Professional Consultation (sc 180)	\$ ____ / 15 minutes / PhD

Other agreement:

All contracts and services must be in compliance with the AOC Standard Terms & Conditions, applicable service specifications & special contract conditions.

By signing below, I confirm that I have read and fully understand the requirements necessary to provide the Comprehensive Mental Health Assessment services and I agree to all requirements, restrictions, service tasks, and contract rate(s):

Contractor Signature / Date



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AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Contracted Services & Rates:

Comprehensive Mental Health Assessment:	<u>Rate:</u>
Comprehensive Mental Health Assessment (sc 123)	\$_____/ assessment
Professional Consultation (sc 180)	\$_____/ 15 minutes/ Master's
Professional Consultation (sc 180)	\$_____/ 15 minutes / PhD

Other Agreement:

All contracts and services must be in compliance with the AOC Standard Terms & Conditions, applicable service specifications & special contract conditions.

By signing below, I confirm that I have read and fully understand the requirements necessary to provide Cognitive Skills Development/Cognitive Restructuring services and I agree to all requirements, restrictions, service tasks and contract rate(s):

Contractor Signature / Date

AOC Signature / Date